

HOUSEHOLD INVENTORY
•SAFE DEPOSIT BOXES•
EMPLOYMENT RECORDS

SETTING YOUR HOUSEHOLD IN ORDER

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•SAFE DEPOSIT BOXES•
BONDS•INSURANCE POL

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Setting Your Household in Order

Lillian Chenoweth*

Taking time to organize your family's papers and records may be the best investment you ever make. It is important for all members of the family to know where records or papers are kept and who to turn to for advice in case of an emergency. Planning ahead by completing these forms can save much time and money if emergencies or deaths occur.

Use these forms as part of the family record book. Insert in a loose-leaf notebook; extra pages can be added as needed. Keep an additional copy of these forms in your safe deposit box at the bank or at another safe place away from the home. Revise as needed to keep information up-to-date.

Family Financial Advisers

| Name | Address | Phone Number |
|-----------------------|---------|--------------|
| Accountant | | |
| | | |
| Attorney | | |
| | | |
| Banker | | |
| | | |
| Executor of Wills | | |
| | | |
| Insurance Agent | | |
| | | |
| Stock Broker | | |
| | | |
| Other Advisers (list) | | |
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*Former Extension family resource management specialist, The Texas A&M University System.

Family Record

| Name | Date of birth | Place of birth — where recorded | Social Security number |
|------|---------------|---------------------------------|------------------------|
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Business Interests

Name of business _____

Sole proprietorship _____ Partnership _____ Corporation _____

Employer's name _____

Address _____

Date employment began with this employer _____

Name of immediate supervisor _____

If you own your own business:

Business partner _____

Home address _____

Partnership agreement? YES _____ NO _____ Filed _____

Partnership insurance? YES _____ NO _____ Filed _____

Copies of contracts and policies are located _____

Accountant's name _____

Address _____

Lawyer's name _____

Address _____

Instructions for supervision or sale of business are in _____

Where Important Papers are Kept

| Record | Where Kept |
|---|------------|
| Abstract of title | |
| Automobile title and bill of sale | |
| Automobile registration | |
| Other vehicle titles | |
| Birth certificates, adoption papers | |
| Canceled checks | |
| Church (baptismal or confirmation papers) | |
| Citizenship papers | |
| Contract papers | |
| Death certificates | |
| Deed to cemetery lot | |
| Deeds to property | |
| Guarantees and warranties | |
| Health records | |
| Income and property records | |
| Insurance policies | |
| Keys | |
| Safe deposit box keys | |
| Other important keys | |
| Marriage records, divorce papers | |
| Military service records | |
| Mortgage papers | |
| Passports | |
| Pension plan records | |
| Receipts | |
| Savings books | |
| Social security, employment | |
| Stock and bond certificates | |
| Tax records | |
| Wills | |

Contents of Safe Deposit Box

| | |
|-----|----------------|
| 1 | Account of the |
| 2 | Account of the |
| 3 | Account of the |
| 4 | Account of the |
| 5 | Account of the |
| 6 | Account of the |
| 7 | Account of the |
| 8 | Account of the |
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| 99 | Account of the |
| 100 | Account of the |

Credit and Debit Cards

[illegible]

Debts Outstanding

| Person or company owed | Address | Amount | Payment | Due date of final payment |
|------------------------|---------|--------|---------|---------------------------|
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Money Owed the Family

| Person owing family | Address | Amount | Date due | How and when payable |
|---------------------|---------|--------|----------|----------------------|
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Checking Accounts

[illegible]

Savings Accounts and Certificates of Deposit

(Banks — Savings and Loan — Credit Union)

[illegible]

Investments

GOVERNMENT BOND RECORD

[illegible]

OTHER BONDS

| Kind | Serial number | Date purchased | Purchase price | Maturity date | Value | In whose name(s) |
|------|---------------|----------------|----------------|---------------|-------|------------------|
| | | | | | | |
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STOCKS

[illegible]

Life Insurance Record

| Company and address of local agent | Name of insured | Policy number | Beneficiary | Kind of policy and amount of coverage | Premium | | Maturity date |
|------------------------------------|-----------------|---------------|-------------|---------------------------------------|--------------|--------|---------------|
| | | | | | Date payable | Amount | |
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Health, Accident, Disability and Hospitalization Insurance Record

| Company and address of local agent | Name of insured | Policy number | Beneficiary | Kind of coverage | Premium | | Benefits and other information |
|------------------------------------|-----------------|---------------|-------------|------------------|--------------|--------|--------------------------------|
| | | | | | Date payable | Amount | |
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Real Estate and Personal Property Insurance Record

| Company and address of local agent | Property insured (home, auto, furnishings) | Kind of insurance | Amount of coverage | Premium | |
|------------------------------------|--|-------------------|--------------------|--------------|--------|
| | | | | Date payable | Amount |
| | | | | | |
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Real Estate Record

Personal property (description) _____

Business property (description) _____

| Owner(s) and type of ownership | Location | Purchased | | Amount of original mortgage | Payments | | | |
|--------------------------------|----------|-----------|-------|-----------------------------|----------|-----------|----------------|----------|
| | | Date | Price | | Interest | Principal | Escrow account | Date due |
| | | | | | | | | |
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| Description of major improvements | Date | Cost |
|-----------------------------------|------|------|
| | | |
| | | |
| | | |

Proof of purchase price and receipted bills for improvement are located _____

Cemetery plot located _____

Household Inventory

A household inventory is helpful in determining how much insurance coverage is needed. It also furnishes a record on which to base claims if losses occur. List your household goods, room by room. Include anything on the walls and in the closets, items in the garage and personal jewelry. Record the date or year of purchase and cost of each item when purchased. Estimate if exact figures are unknown. Record current market value and the date. This value is the amount you could get if you sold the item now.

[illegible]

(Additional sheets may be added as needed.)

[illegible]

Note: You may wish to add a photographic inventory to this section to further document your household possessions.

Smoothing the Way: Guidelines for My Survivors

My name is _____
first middle/maiden last

When I die, please contact _____
name relationship

address phone

My important papers are located at _____

INFORMATION FOR DEATH CERTIFICATE & FILING FOR BENEFITS

My address _____
street

city county state zip code

Citizen of _____ Race _____ Birthplace _____ Date of Birth _____

Social Security Number _____ Occupation/type of business _____

If veteran _____
rank branch of service serial number

date & place entered service date discharged

I have ☐ never married ☐ married ☐ been widowed ☐ separated ☐ divorced ☐ remarried

Spouse's full (maiden) name _____

Name of next of kin (other than spouse) _____

Relationship _____ Address _____

Father's full name and birthplace _____

Mother's maiden name and birthplace _____

PLEASE NOTE: AFTER DEATH I PREFER

To donate these organs _____; autopsy if doctor or family request _____

☐ Simple arrangements: ☐ no embalming ☐ no public viewing ☐ the least expensive burial or
cremation container ☐ immediate disposition

That my body be:

☐ donated; arrangements made on _____ with _____
date medical school

☐ cremated and the ashes ☐ scattered or ☐ buried in _____
location

or disposed of as follows _____

☐ buried _____
location

The following services: ☐ memorial (after disposition) ☐ funeral (before disposition) ☐ graveside

to be held at ☐ my church ☐ mortuary ☐ other _____

Memorial gifts to _____; omit flowers _____

I have made pre-arrangements with _____
name of mortuary

Signature _____ Date _____

My name is _____

My name is _____

When did you serve? _____

Relationship _____

Service number _____

Rank _____

Branch of service _____

Place of birth _____

City _____

State _____

Zip _____

My important papers are located at _____

INFORMATION FOR DEATH CERTIFICATE & FILING FOR BENEFITS

My address _____

Street _____

City _____

County _____

State _____

Zip _____

Citizen of _____

Race _____

Birthplace _____

Date of birth _____

Social Security Number _____

Organization of service _____

If veteran _____

Rank _____

Branch of service _____

Service number _____

Date of last entered service _____

Character of service _____

I have ☐ never married ☐ married ☐ been widowed ☐ separated ☐ divorced ☐ remarried

Spouse's full (maiden) name _____

Name of next of kin (other than spouse) _____

Relationship _____

Address _____

Father's full name and birthplace _____

Mother's maiden name and birthplace _____

PLEASE NOTE: AFTER DEATH (PREFER)

To donate these organs _____

☐ Simple arrangements ☐ no embalming ☐ no public viewing ☐ the least expensive burial or

cremation container ☐ immediate disposition

That my body be _____

☐ donated arrangements made on _____

with _____

medical advice _____

☐ cremated and the ashes ☐ scattered ☐ buried in _____

location _____

or disposed of as follows _____

The following services ☐ funeral (after disposition) ☐ burial (after disposition) ☐ graveside

service _____

to be held at ☐ my church ☐ home ☐ other _____

Funeral home to be notified _____

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Cooperative Extension Work in Agriculture and Home Economics, The Texas A&M University System and the United States Department of Agriculture cooperating. Distributed in furtherance of the Acts of Congress of May 8, 1914, as amended, and June 30, 1914.